

Case Number:	CM14-0144784		
Date Assigned:	09/12/2014	Date of Injury:	12/18/2012
Decision Date:	10/06/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45 year old male with an injury date of 12/18/12. Based on 08/07/14 progress report provided by [REDACTED] patient complains of left elbow pain rated 5/10. There is pain on extension and burning, tingling and weakness on extension. He has had surgery to the bilateral elbows date unspecified, and received 16 physical therapy sessions. Physical examination reveals mild tenderness to palpation over the lateral epicondyle. Elbow joint is stable and tracks well with range of motion. Based on progress report dated 07/30/14, patient had temporary relief with physical therapy. His medications include Omeprazole and Ketoprofen. Diagnosis 08/07/14 are right lateral epicondylitis, resolved, status post-surgical correction; left elbow lateral epicondylitis, status post-surgical correction; left elbow arthrofibrosis [REDACTED] [REDACTED] is requesting Physical Therapy 2 x 6 weeks, left elbow. The utilization review determination being challenged is dated 08/15/14. The rationale is "patient has completed 16 physical therapy sessions to date following left elbow surgery which took place in 2013. Records do not demonstrate patient continues to be symptomatic with resumption of a home exercise program." [REDACTED] is the requesting provider, and he provided treatment reports from 07/30/14 -08/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 2x 6Weeks; Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98,99.

Decision rationale: The patient presents with left elbow pain. The request is for Physical Therapy 2 x 6 weeks, left elbow. Patient has been diagnosed with left elbow lateral epicondylitis and is status post-surgical correction. MTUS pages 98, 99 have the following Physical Medicine Guidelines: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." Post- surgical guidelines were not applied as date of surgery has not been specified in review of documents. Per provider report dated 08/07/14, patient has had 16 physical therapy sessions. Request of 12 sessions exceeds what is allowed by MTUS. Therefore, this request is not medically necessary.